

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

SECRETARY OF THE SENATE

Office use only 11 APR -5 AM 10:30

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

TED CRUZ FOR SENATE

ADDRESS (number and street)

1001 CONGRESS AVE SUITE 150

☐ (Check if address is changed)

AUSTIN

TX

78701

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)

DROGIN@TEDCRUZ.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

WWW.TEDCRUZ.ORG

2. DATE

M	M
0	3

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	1	1

3. FEC IDENTIFICATION NUMBER

C C00492785

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **BRADLEY S KNIPPA**

Signature of Treasurer

Bradley S. Knippa

Date

M	M
0	3

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	1	1

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

11020132902

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

RAFAEL EDWARD TED CRUZ

Candidate
Party Affiliation

REP

Office
Sought:☐

House

☒

Senate

☐

President

State

TX

District

00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State
(or subordinate) committee of the (Democratic,
Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. <input type="text"/>	FEC ID number	<input type="text"/>
2. <input type="text"/>	FEC ID number	<input type="text"/>
3. <input type="text"/>	FEC ID number	<input type="text"/>
4. <input type="text"/>	FEC ID number	<input type="text"/>

11020132903

Write or Type Committee Name

TED CRUZ FOR SENATE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

JOHN DROGIN

Mailing Address

1001 CONGRESS AVE**STE 150****AUSTIN****TX****78701**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number **512** - **480** - **0006**

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer**BRADLEY S KNIPPA**

Mailing Address

100 CONGRESS AVE**STE 1100****AUSTIN****TX****78701**

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURERTelephone number **512** - **236** - **2284**

11020132904

Full Name of
Designated
Agent

CABELL HOBBS

Mailing Address

1001 CONGRESS AVE

STE 150

AUSTIN

TX

78701 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASSISTANT TREASURER

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PLAINS CAPITAL BANK

Mailing Address

919 CONGRESS AVE

STE 100

AUSTIN

TX

78701 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

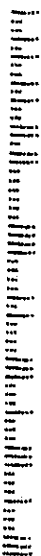
11020132805

Ted Cruz for Senate
8154 Briggs, PHB530
Austin, TX 78701

SCREENED
BY THE SENATE
POST OFFICE

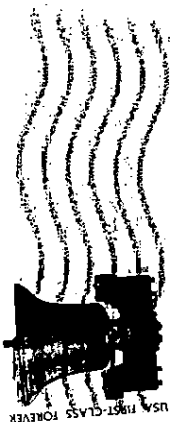
Office of Public Records
P.O. Box 2517
Alexandria, VA 22301-0517

22301+0517



SECRETARY OF THE SENATE
APR -5 AM 10:34

AUSTIN TX 787
01 APR 2011 PM 3:1



9962E102011

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

04-01-11

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

☐

UPS _____

☐

DHL _____

☐

AIRBORNE EXPRESS _____

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

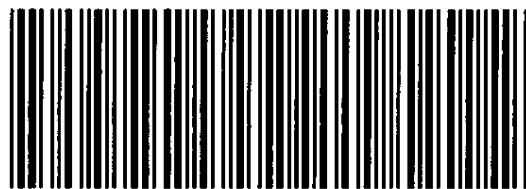
PREPARER

RD

DATE PREPARED

04.05.11

11020132807



11020132908